2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

Apr 29, 2004 8:00 am Secretary of State 04-09-2004 90219 029 ****50.00 DOCUMENT # L98000000650 BALLENISLES TITLE, L.C. AAIAIG Principal Place of Business Mailing Address 701 U.S. HIGHWAY ONE, SUITE 402 701 U.S. HIGHWAY ONE, SUITE 402 NORTH PALM BEACH, FL 33408 NORTH PALM BEACH, FL 33408 03302004 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0839037 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent GARY, JOHN WILL DO NOT WRITE 701 U.S. HIGHWAY ONE, SUITE 402 NORTH PALM BEACH, FL 33408 IN THIS SPACE 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2004 MANAGING MEMBERS/MANAGERS 9. TITLE MGRM GARY, DYTRYCH & RYAN, P.A. NAME 701 U.S. HIGHWAY ONE, SUITE 402 STREET ADORESS CITY-ST-ZP NORTH PALM BEACH, FL 33408 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY_ST_ZIP_ MILE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee ampowered to execute this report as required by Chapter 608, Florida Statutes.

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

IQ MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED